



CULLENandDYKMANLLP

Elizabeth Iovino

Associate

Direct Dial: (516) 357-3869

Direct Fax: (516) 296-9155

Eiovino@CullenandDykman.com

Garden City Center
100 Quentin Roosevelt Boulevard
Garden City, New York 11530-4850

Telephone (516) 357-3700 • Facsimile (516) 357-3792

April 15, 2010

Quentin Roosevelt Associates, LLC
7 Penn Plaza
New York, New York 10001

Re: In re: Shiptrade, Inc.
Case No. 8-09-78584

Dear Sirs:

Reference is made to the above-captioned proceeding in the United States Bankruptcy Court, Eastern District of New York. This firm represents the Debtor, Shiptrade Inc. Please be advised that the Debtor has filed an amended "Schedule G," listing Quentin Roosevelt Associates, LLC as a creditor.

Please be further advised that you have thirty (30) days from the date of filing to file a claim arising out of the contract referenced on the amended "Schedule G." Enclosed is a Proof of Claim form. If you wish to file a claim, complete the Proof of Claim form and mail it to:

U.S. Bankruptcy Court, EDNY
Alfonse M. D'Amato U.S. Courthouse
290 Federal Plaza
Central Islip, NY 11722

Very truly yours,

Elizabeth Iovino

Founded 1850

BROOKLYN

LONG ISLAND

MANHATTAN

WASHINGTON, D.C.

NEW JERSEY

United States Bankruptcy Court -		PROOF OF CLAIM	
Name of Debtor:		Case Number:	
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>			
Name of Creditor (The person or other entity to whom the debtor owes money or property):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent:		Court Claim Number: _____ (If known)	
Telephone number:		Filed on: _____	
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Telephone number:			
1. Amount of Claim as of Date Case Filed: \$ _____ If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.	
2. Basis for Claim: _____ (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount entitled to priority: \$ _____	
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		FOR COURT USE ONLY	
Date:	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		

IN THE UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

In re:
Shiptrade, Inc.

Debtor(s).

X

Case No. 8-09-78584

Chapter 11

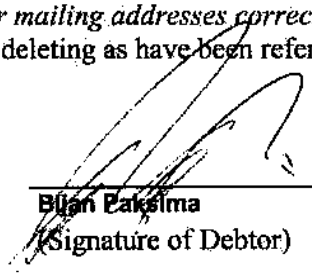
X

AFFIDAVIT PURSUANT TO LOCAL RULE 1009-1(a)

Shiptrade, Inc., undersigned debtor herein, swears as follows:

1. Debtor filed a petition under chapter 11 of the Bankruptcy Code on November 10, 2009.
2. Filed herewith is an amendment to Schedule G previously filed herein.
3. Annexed hereto is a listing setting forth the specific additions or corrections to, or deletions from, the affected list(s), schedule(s) or statement(s). The nature of the change (addition, deletion or correction) is indicated for each creditor or item listed.
4. *[If creditor records have been added or deleted, or mailing addresses corrected]* An amended mailing matrix is annexed hereto, reflecting only changes adding or deleting as have been referred to above.

Dated: April 14, 2010



Brian Pakelma
(Signature of Debtor)

Sworn to before me this 14th
day of April, 2010.

ELIZABETH IOVINO
Notary Public, State of New York
No. 02106204714
Qualified in Nassau County
Commission Expires April 20, 2012



Notary Public, State of New York

Reminder: No amendment of schedules is effective until proof of service in accordance with EDNY LBR 1009-1(b) has been filed with the Court.

If this amendment is filed prior to the expiration of the time period set forth in Fed. R. Bankr. P. 4004 and 4007, it will be deemed to constitute a motion for a 30-day extension of the time within which any added creditors may file a complaint to object to the discharge of the debtor and/or to determine dischargeability. This motion will be deemed granted without a hearing if no objection is filed with the Court and served on debtor within 10 days following filing of proof of service of this affidavit, all attachments and the amended schedules in accordance with EDNY LBR 1009-1.

In re **Shiptrade, Inc.**Case No. **8-09-78584**

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES - AMENDED

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

**Quentin Roosevelt Ass LLC
7 Penn Plaza
New York, NY 10001**

**Non residential lease agreement by and between
Quentin Roosevelt Associates, LLC and Shiptrade
Inc., July 1997 lease expiring on May 31, 2010**

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

-----X
In re:

Chapter 11

GLOBAL CONTAINER LINES LTD., et al.,

Case Nos. 09-78585 (AST)
09-78584 (AST)
09-78589 (AST)
09-78586 (AST)
09-78587 (AST)
09-78588 (AST)
09-78590 (AST)

Debtors.
-----X

STATE OF NEW YORK)
) ss.:
COUNTY OF NASSAU)

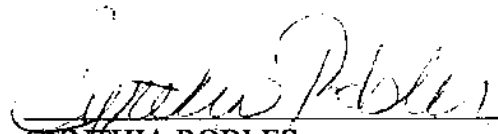
CYNTHIA ROBLES, being duly sworn, deposes and says:

That she is over the age of 21 years, resides in Massapequa Park, New York and is not a party to this action.

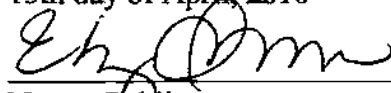
That on the 15th day of April, 2010 she served the Affidavit Pursuant to Local Rule 1009-1(a), Amended Schedule F and G and Correspondence enclosing same, via regular mail located on the premises at Garden City Center, 100 Quentin Roosevelt Boulevard, Garden City, New York 11530, addressed as follows:

Quentin Roosevelt Associates, LLC
7 Penn Plaza
New York, New York 10001

That being the address(es) designated on the latest papers served by them in this action.


CYNTHIA ROBLES

Sworn to before me this
15th day of April, 2010


Notary Public

ELIZABETH IOVINO
Notary Public, State of New York
No. 02108204714
Qualified in Nassau County
Commission Expires April 20, 2013